

EMPLOYER'S REPORT OF CONTRIBUTIONS

REPORTING DATES

Postmark Date: 1/20/06
Deposit Date: 1/23/06
Check Number:
Check Amount:
Entered By:

If you have any questions, please call (925) 208-9994.

EMPLOYER'S REPORT OF CONTRIBUTIONS

FOR ADMINISTRATION USE ONLY

Postmark Date: / /
Deposit Date: / /
Check Number:
Check Amount: Not Paid
Entered By:

Job Class: 310 JOURNEYPERSON, FOREPERSON 2 OWNER MEMBER

*All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2.
Total Hours Worked includes straight hours worked, overtime hours, and double time hours.*

[illegible]

Minimum Health Care	
Hours Rate	
Health	7.93
Total	7.93 (4)

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign a

TOTAL HOURS:					
MULTIPLY TOTAL HOURS BY RATE:	N/A	2.010 ⁽²⁾	4.02 ⁽³⁾	16.83 ⁽¹⁾	7.93 ⁽⁴⁾
AMOUNT DUE:				2524.50	1189.50

Remit form(s) and payment to:
SHEET METAL WORKERS
ATTN: CONTRIBUTION DEPT.
PO BOX 45312
SAN FRANCISCO CA 94145-45312

EMPLOYER 358201 TOTAL AMOUNT DUE:
(Check Amount)

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EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS	REPORTING DATES	FOR ADMINISTRATION USE ONLY
Er#: 358201 Phone: 707/766-9790 0666	Local: 104	Postmark Date: ____/____/____
Name: M T B INCORPORATED	For Work Performed During: 04/2007	Deposit Date: ____/____/____
Addr: -OWNER MEMBER	Rate Code: 306	Check Number: _____
620 PETALUMA BLVD NO #C-2	Contribution Due: 05/10/2007	Check Amount: _____
PETALUMA CA 94952-2870	Delinquent If Recieved After: 05/20/2007	

CONTRACT

Area:	0666 NORTH BAY	Agreement:	10 BUILDING TRADES
Asso.:	81 SMACNA	Job Class:	310 JOURNEYPerson, Foreperson 2 Owner Member

RATE CODE 306

Total Hours Worked Rate	
Health	.00
SHC	.44
Nor Cal Pension	5.80
National Pension	1.84
Dues Check Off	2.32
Appr Train	1.00
SMO HIT	.02
Industry Prom	.65
Supp Pen 1	1.50
Supp Pen 2	.00
Vacation	5.30
Total	18.87 (t)

Overtime Hours Rate

Supp Pen 2	.000
Vacation	2,650
Total	2,650 ⁽²⁾

Double Time Hours Rate

Supp Pen 2	.00	
Vacation	5.30	
Total	<u>5.30</u>	(3)

Minimum Health Care

Health	8.43	
Total	<u>8.43</u>	(4)

EMPLOYER CERTIFICATION

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign and

EMPLOYEE HOURS REPORTED

*All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2.
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[illegible]

Certifying Signature	Date	Title
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☐ Check here if No Hours to report for Rate Code 306.

Please retain a copy of the form(s) for your records.

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to:	Remit form(s) and payment to:
SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND	SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312 SAN FRANCISCO CA 94145-45312

ADJUSTMENT
(Note Reason)

RATE CODE 306 TOTAL AMOUNT DUE:		2707.-
EMPLOYER 358201 TOTAL AMOUNT DUE: (Check Amount)		2707.00

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EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS

rf#: 358201 **Phone:** 707/766-9790 0666
ame: M T B INCORPORATED
ddr: -OWNER MEMBER
 620 PETALUMA BLVD NO #C-2
 PETALUMA CA 94952-2870

REPORTING DATES

Local: 104
For Work Performed During: 05/2007
Rate Code: 306
Contribution Due: 06/10/2007
Delinquent If Received After: 06/20/2007

FOR ADMINISTRATION USE ONLY

Postmark Date: 12/19/07
Deposit Date: 12/20/07
Check Number: _____
Check Amount: _____
Entered By: _____

CONTRACT

rea:	0666	NORTH BAY	Agreement:	10	BUILDING TRADES
ssn:	81	SMACNA	Job Class:	310	JOURNEYPERSON, FOREPERSON 2 OWNER MEMBER

DATE CODE 306

total	Hours Worked	Rate
Health		.00
SHC		.44
Nor Cal Pension	5.80	
National Pension	1.84	
Dues Check Off	2.32	
Appr Train	1.00	
SMOHIT		.02
Industry Prom		.65
Supp Pen 1	1.50	
Supp Pen 2	.00	
Vacation	5.30	
Total	18.87	(t)

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[illegible]

EMPLOYER CERTIFICATION

1e Employer certifies that the
formation herein is correct; that this
port covers all hours worked or paid
ring the period for which
ntributions are required under a
tten Contribution Agreement, such
: written collective bargaining
reements with local unions of the
et Metal Workers International
socioation; and that all payments
orted herein are made in
:cordance with said Contribution
reements and the applicable Trust
reements. The undersigned agrees
be bound by all of the terms of the
licable Trust Agreements,
cluding specifically the provisions
each Trust Agreement describing
uidated damages for delinquencies
d other obligations of Employers,
d authorized the depository bank to
nster the moneys remitted herewith
the appropriate Trusts in accordance
th instructions issued by the
ustees thereof and any Joint Services
reement entered into. The
designed certifies under penalty of
rjury that he or she is duly authorized
the above-named employer to sign and

the above-named employer to sign and submit this report on behalf of such Employer.

Jacob Kone 9/10/07
 certifying Signature Date Title

EMITTANCE ADDRESS

Remit form(s) and payment to:
SHEET METAL WORKERS
ATTN: CONTRIBUTION DEPT.
PO BOX 45312
SAN FRANCISCO CA 94145-45312

RATE CODE 306 TOTAL AMOUNT DUE

ADJUSTMENT
(Note Reason)

EMPLOYER 358201 TOTAL AMOUNT DUE:
(Check Amount)

